

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 11936640 FILING DATE _____
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.	S	↓	↓	↓	↓	
TOTAL CLAIMS	(0)	██████████	██████████	██████████	██████████	